

Senator Martha G. Scott Tribute Request

Name of individual placing request _____

Who is this tribute for? _____

What is the event being honored (birthday, anniversary, award, etc.) _____

When will this tribute be presented? _____

Where will the presentation take place? _____

Contact name and telephone number _____

*If you want Senator Scott to present this tribute personally,
please fill out a Scheduling Request **Form**.*

Please mail this form to: **Senator Martha G. Scott,**
Post Office Box 30036, Lansing, MI 48909, or fax it to **517-373-1387**.
Please call 517-373-7748 if you have any questions.

Individual Tributes

Individual's name _____

When and where was the person born? _____

Parents' names/number of siblings _____

Schools attended and degrees earned (please include city and state of each school)

When and where was this person married? Spouse's name _____

Names of children _____

Number of grandchildren and great-grandchildren _____

Where does this person live and when did he/she move there? _____

Professional career (positions held, professional training and awards)

Community service (groups involved with, civic awards, special projects)

[illegible]

You may attach additional information as desired.

Organization Tributes

Organization's name _____

When and where was this organization founded? _____

Who were the founders? _____

What was their mission? _____

Who is the current leader of this organization? _____

Please provide a brief history of the organization. _____

Does this tribute recognize an award or honor? If yes, please provide details.

Other information to be included in tribute:

You may attach additional information as desired.